Name in Full: Helen Blake

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: near Galena. Town: [illegible] County: Kent

Date of death 190 4: Month: 8 Day: 15th

Age: Years: 14 Months: 1 Days: 6

Sex: female Color or Race: Colored Birthplace: near Galena Md.

Married, Single or Widowed: single Occupation: servant

Name of Wife or Husband:

Father's Name: Samuel Blake Father's Birthplace: near Galena

Mother's Maiden Name: Ella Brown Mother's Birthplace:

Name of person giving information: Abraham Blake How related to deceased: brother

CAUSES OF DEATH.

PHYSICIAN OR CORONER

Primary: Pulmonary Consumption How long: Six months

Immediate: Paralysis of Heart How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. Latimer, M. D.

Address: Galena, Md.

Accident or Suicide?

LIBRARY BUREAU

Name in Full

Elizabeth Bratton

Certificate of Death

Died at Town Galena County Kent MARYLAND

Date 1904 Month 8 Day 3 | Age Y. 75 M. D. | Native of Md | Occupation Housekeeper

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband / Wife of

Father's Name dont Know | Mother's Name dont Know

Cause of Death — Primary: Chronic Brights Disease | How long sick: Six months

Immediate: Uremia | Accident, Suicide, Homicide

Reported by J. W. Latimer M. D.

Address Galena, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full: Elizabeth Broadway

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Chestertown (County) Kent

Date of death 1904 (Month) Aug (Day) 14 (Age) Years — Months 3 — Days

Sex: Female | Color or Race: Col | Birthplace: Chestertown

Occupation | Where Residing if not at place of death

Married, Single or Widowed | Name of Wife or Husband

Father's Name: John W Broadway | Father's Birthplace: Pa

Mother's Maiden Name: Laura Murray | Mother's Birthplace: Kent Co Md

Name of person giving In formation: John W Broadway | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ileo-colitis | How long: 1 week

Immediate: Exhaustion | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: I G Dunpers

Address: Chestertown Md

Accident or Suicide? No

LIBRARY BUREAU A6581G

J. E. T.

Name in Full: Felix Brookins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Hall — County: Kent

Date of death: Month: Aug. — Day: 11 — 1904

Age: Years: 75 — Months: — Days: —

Sex: Male — Color or Race: Black — Birthplace: Maryland

Occupation: Laborer — Where Residing if not at place of death: at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Jane Brookins

Father's Name: Felix Brookins — Father's Birthplace: Maryland

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: James Arthur Brookins — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bright's Disease — How long: 3 months

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T B Wilson

Address: Edesville Kent County Maryland

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A68316

Full

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Millington — County: Kent

Date of death 1904 — Month: Aug — Day: 25th — Age: Years 54 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Maryland

Occupation: Housework — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Henry Brooks

Father's Name: Benjamin Harrison — Father's Birthplace: Md

Mother's Maiden Name: Ellen Sattle — Mother's Birthplace: Md

Name of person giving Information: Archer Brooks — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spinal Meningitis — How long: 4 Days

Immediate: Cardiac failure — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. P. Tourneau M.D.

Address: Millington Md.

Accident or Suicide? —

LIBRARY BUREAU A88818

Name in Full: Harrison Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Sassafras — County: Kent

Date of death: 1904 — Month: aug — Day: 12 — Age — Years: 19 — Months: 0 — Days: 0

Sex: Male — Color or Race: Colored American — Birthplace: Sassafras Md

Occupation: Laborer — Where Residing if not at place of death: Sassafras Md

~~Married~~, Single or ~~Widowed~~ — Name of ~~Wife~~ or ~~Husband~~:

Father's Name: George Blake — Father's Birthplace: Md

Mother's Maiden Name: Not Known — Mother's Birthplace: Not Known

Name of person giving Information: Foster Father — How related to deceased: Foster Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 2 days

Immediate: Exhaustion Collapse — How long: immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. J. Knight

Address: Hancock Md

~~Accident~~ or Suicide?

LIBRARY BUREAU A88816

Name in Full: Wildon Jessie Bryden

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pine Neck — County: Kent

Date of death: Month: August — Day: 22 — Year: 1904 — Age: Years: — Months: 6 Months — Days:

Sex: Male — Color or Race: White — Birthplace: Pine Neck

Occupation — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jessie Bryden — Father's Birthplace: Pine Neck

Mother's Maiden Name: Leary Ashley — Mother's Birthplace: Pine Neck

Name of person giving Information: Father of child — How related to deceased:

1905

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scholard Infantum — How long: 2 Weeks

Immediate: Exhaustion — How long: "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. W. Bell M.D.

Address: Rock Hall

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Norman Sylvester Butler

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Blacks (County) Kent

Date of death 1904 (Month) Aug (Day) 31

Age (Years) (Months) 1 (Days) 21

Sex: Male

Color or Race: Colored

Birthplace: Kent Co

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alexander Butler — Father's Birthplace: Kent Co

Mother's Maiden Name: Emma Pleasers — Mother's Birthplace: Kent Co

Name of person giving information: Emma Butler — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero-colitis — How long: 3 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. Irvin Barwick

Address: Kennedyville Md

Accident or Suicide? No

LIBRARY BUREAU A66016

Name in Full: Clora Child

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Galena — County: Kent

Date of death: Month: Aug — Day: 19 — 1904

Age: Years: — Months: — Days: —

Sex: Male — Color or Race: Black — Birthplace: Near Galena

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Andrew Carroll — Father's Birthplace: —

Mother's Maiden Name: Tillie Thompson — Mother's Birthplace: —

Name of person giving Imformation: Ella Gibbs — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Still Born — How long: —

Are the name, age, sex, color, date and place correctly given above? I think so

Signature of Physician: Ann Wilmer Mid wife

Address: Galena Md

Accident or Suicide: —

LIBRARY BUREAU A88816

Name in Full: Grace Matilda Clayton

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rock Hall — County: Kent

Date of death: Month: Aug — Day: 31 — 1904 — Age: Years — Months: 7 — Days

Sex: Female — Color or Race: White — Birthplace: Rock Hall Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: William W Clayton — Father's Birthplace: Kent-co Md

Mother's Maiden Name: Myra E Ayers — Mother's Birthplace: Kent-co Md

Name of person giving information: William W Clayton — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Internal Hemorrhage — How long: 24 hours

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. W. Beall M.D.

Address: Rock Hall Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Clarence Solomon Dunn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Morgnec; County: Kent

Date of death: Month: Aug; Day: 18; 1904

Age: Years: —; Months: 6; Days: —

Sex: Male; Color or Race: Colored; Birthplace: Kent Co

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John M. Dunn; Father's Birthplace: Kent Island

Mother's Maiden Name: Helen Cotton; Mother's Birthplace: Kent Co

Name of person giving information: John M. Dunn; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ileocolitis; How long: One week

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. T. Simpers

Address: Chestertown, Md.

Accident or Suicide? No

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LIBRARY BUREAU A83516

Name in Full. Leslie Dutton

CERTIFICATE OF DEATH

Died at Town: Sassafras County: Kent MARYLAND

Date of death 1904 Month: Aug Day: 28

Years: 23 Months: 0 Days: 0

Sex: Male Color or Race: Colored African

Birthplace: Cecilton Md

Occupation: Laborr

Where Residing if not at place of death: Sassafras Md

~~Married~~, Single or ~~Widowed~~

Name of ~~Wife or Husband~~

Father's Name: Charles Dutton Father's Birthplace: Md

Mother's Maiden Name: Delcah Hyland Mother's Birthplace: Md

Name of person giving Information: William F Reese How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever How long: 21 days

Immediate: Heart Failure How long: Suddenly

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J J Wright

Address: Warwick Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Benjamin Franklin Edwards

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Rock Millington — County: Kent

Date of death: 1904 — Month: 8 — Day: 2nd — Age: Years: — Months: 6 — Days:

Sex: Male — Color or Race: White — Birthplace: Kents Co Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph Edwards — Father's Birthplace: Q.A.Co. Md

Mother's Maiden Name: Carrie King — Mother's Birthplace: Md

Name of person giving information: Wm H Garnett — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Colitis — How long:

Immediate: I only saw patient once, day before death — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. W. H. Jacobs

Address: Millington Md

Accident or Suicide?

LIBRARY BUREAU A8861C

Name in Full: Elwood Gaines

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Hall Md — County: Kent

Date of death 1904: Month: Aug — Day: 2 — Years: Age 1 — Months: .. — Days:

Sex: Male — Color or Race: Colored .. — Birthplace: Rock Hall

Occupation: — — Where Residing if not at place of death: Rock Hall Md

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Walter Gaines — Father's Birthplace: Md

Mother's Maiden Name: Minnie Dudley — Mother's Birthplace: Md

Name of person giving In formation: Robert Succs — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Not Known No Dr Attending — How long: Sick about 2 Mos.

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. M. Satterfield M.D.

Address: Rock Hall, Md.

Accident or Suicide?

LIBRARY BUREAU A33516

Name in Full: Harold D. Gilbert

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Coleman — County: Kent

Date of death: Month: Aug — Day: 4 — 1904

Age: Years: — Months: 8 — Days: 4

Sex: male — Color or Race: colored — Birthplace: md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Daniel Gilbert — Father's Birthplace: md

Mother's Maiden Name: Annie A. Hamilton — Mother's Birthplace: md

Name of person giving Information: Daniel Gilbert — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 2 d

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Lewis P. Atwell M.D.

Address: Still Pond, Md.

Accident or Suicide? No

LIBRARY BUREAU A88818

Coleman

Name in Full: Ellen Gleaves

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Davis Mill; County: Kent

Date of death 1904: Month: Aug.; Day: 26; Age: Years: 2; Months; Days

Sex: Female; Color or Race: Colored; Birthplace: Kent County

~~Married~~, Single or ~~Widowed~~; Occupation:

Name of Wife or Husband:

Father's Name: Samuel Gleaves; Father's Birthplace: Kent Co.

Mother's Maiden Name: Mary Ann Riley; Mother's Birthplace: Kent Co.

Name of person giving information: Samuel Gleaves; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough; How long: 3 weeks

Immediate: Convulsions; How long: 7 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward A. Scott.

Address: Galena, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A663 10

Name in Full: Henry Grace

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Millington — County: Kent

Date of death 190 4: Month: August — Day: 1st — Age: Years: about 80 yrs — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or ~~Husband~~: Martha Grace

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: James H Grace — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hypertrophy of Heart — How long: 2 years

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Drew T Jacob

Address: Millington Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Minnie Graves

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rockhall — County: Kent Co.

Date of death 1904 — Month: Aug — Day: 2 — Age — Years: 18 — Months: 1 — Days: 7

Sex: Female — Color or Race: Black. — Birthplace: Kent Co.

Married, Single or Widowed: Single — Occupation: House Girl

Name of Wife or Husband:

Father's Name: William Graves — Father's Birthplace: Kent Co.

Mother's Maiden Name: Emmeline Talbman — Mother's Birthplace: Kent Co.

Name of person giving information: William Graves — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dropsy — How long: 6 months

Immediate: Exhaustion — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. O. Selby M.D.

Address: Rockhall Kent Co.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBERTY BUREAU A88816

Name in Full: William Hazelton

CERTIFICATE OF DEATH

MARYLAND

Died at: Rock Hall (Town) — Kent (County)

Date of death: 1904 — Month: Aug — Day: 4 — Age: Years — Months: 3 — Days

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: Rock Hall Md

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alexander Hazelton — Father's Birthplace: St Marys Co Md

Mother's Maiden Name: Emma Piney — Mother's Birthplace: Kent Co Md

Name of person giving information: Robert Susco — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: No Dr attending — How long: Sick 2 or 3 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. M. Satterfield MD

Address

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary A. Hollins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Butlertown; County: Kent

Date of death: Month: Aug; Day: 6; Years: 44; Months; Days

Sex: Female; Color or Race: Colored; Birthplace: Kent Co

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: John Hollins

Father's Name: Nowell; Father's Birthplace:

Mother's Maiden Name: Araminta Butler; Mother's Birthplace:

Name of person giving Information: Rev David Johnson; How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Mitral regurgitation; How long: Several months

Immediate: Heart failure; How long: One day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. T. Simpers

Address: Chestertown, Md

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A89316

Butler Town Cemetery

Name in Full: James Hawley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent

Date of death: Month: Aug; Day: 8; 1904

Age: Years: ; Months: 5 ; Days:

Sex: Male

Color or Race: Colored

Birthplace: Kent Co

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Wm Hawley

Father's Birthplace: Kent Co

Mother's Maiden Name: Rebecca Mayo

Mother's Birthplace: Kent Co

Name of person giving information: John W. Mayo

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Y09

How long:

Immediate: Simpsotia of bowels

How long: 6 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W G Simpson

Address: Chestertown, Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Woodland Hurtt.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Locust Grove. County: Kent

Date of death: Month: Aug. Day: 5 1904

Age: Years: 37 Months: — Days: —

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Business

Where Residing if not at place of death: Georgetown Md

Married, Single or Widowed: married

Name of Wife or Husband: Bessie Woodall

Father's Name: J. W. Hurtt

Father's Birthplace: Md

Mother's Maiden Name: Mary E. Woodland

Mother's Birthplace: Md

Name of person giving Information: Mrs Sofia Derringer

How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever

How long: 4 weeks

Immediate: Sepsis.

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. Irvin Bonwick

Address: Kennedyville Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Shrewsbury

Name in Full: Henry Oakley

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lynches | County: Kent | MARYLAND

Date of death: Month: Aug | Day: 8 | Age: Years: — | Months: — | Days: 4

Sex: male | Color or Race: Black | Birthplace: Md.

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: — | Name of Wife or Husband: —

Father's Name: Louis Oakley | Father's Birthplace: Md.

Mother's Maiden Name: Annie M. Wilson | Mother's Birthplace: Md.

Name of person giving Information: A. Louis Oakley | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus. | How long: since birth.

Immediate: | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. S. Maxwell,

Address: Still Pond Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Fountain Church

Name in Full: Hezikiah Plater

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Millington — County: Kent

Date of death 1904 — Month: Aug — Day: 16th — Age: Years: 8 — Months: 8 — Days:

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: William H. Plater — Father's Birthplace: Md

Mother's Maiden Name: Hester Tiller — Mother's Birthplace: Md

Name of person giving information: William H. Plater — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: (1) Cholera Infantum — How long: 2 Days

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. W. H. Jacobs

Address: Millington Md

Accident or Suicide? Natural

C. Edward D. Parks Coroner

LIBRARY BUREAU A88816

Name in Full: James Oscar Racin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Melitota — County: Kent.

Date of death 190[illegible]: Month: Aug — Day: 13

Age: Years: — Months: 8. — Days: 2

Sex: Male — Color or Race: Black — Birthplace: Melitota

Occupation: — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Edward Racin — Father's Birthplace: Delaware

Mother's Maiden Name: Maggie Reed — Mother's Birthplace: Maryland

Name of person giving Information: Father — How related to deceased: —

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus from Hereditary Syphilis — How long: 8 mos.

Immediate: Dysinia — How long: 5 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank W. Smith M.D.

Address: Tanbe Md

Accident or Suicide?

LIBRARY BUREAU A69016

£38

Name in Full: Harold Ryckman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Crumptons; County: Kent

Date of death 1904: Month: Aug.; Day: 13

Age: Years: —; Months: Two; Days: 25

Sex: Male; Color or Race: White; Birthplace: Md

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Charles Ryckman; Father's Birthplace: Milroy Ind.

Mother's Maiden Name: Hannah Jamar; Mother's Birthplace: Talbot Co. Md.

Name of person giving information: C. Ryckman; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero-Colitis; How long: 2 weeks

Immediate: Convulsions; How long: 4 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. N. Sheppard

Address: Crumptons Md.

Accident or Suicide?

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LIBRARY BUREAU A68516

Name in Full: Edna Sewell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Hall. County: Kent

Date of death: 1904 Month: Aug Day: 26 Age: Years — Months: 3 Days:

Sex: Female Color or Race: White Birthplace:

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Marion Sewell Father's Birthplace: Kent Co Md

Mother's Maiden Name: Annie Besonski Mother's Birthplace: Germany

Name of person giving Information: Marion Sewell How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Summer Catarrh 105 How long: 14 days

Immediate: Exhaustion How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W O Selby M.D.

Address: Rock Hall Kent Co.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Justia R. Sewell

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Town: Kennedyville Md — County: Kent

Date of death: 1907 — Month: August X — Day: 25 — Age: Years — — Months: 4 — Days: 14

Sex: Female — Color or Race: Black — Birthplace: Kent Co. Md

Occupation: — — Where Residing if not at place of death: Near Kennedyville

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charlie Sewell — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Sallie Blake — Mother's Birthplace: Kent Co Md

Name of person giving information: Charlie Sewell — How related to deceased: Father.

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis Colitis — How long: one week

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G Irvin T Bonwick

Address: Kennedyville Md

Accident or Suicide? —

LIBRARY BUREAU A40516

Still Pond

Name in Full: Mary Agnes Spencer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Galena; County: Kent Co

Date of death	Month	Day	Years	Months	Days
1904	Aug	27	Age 2	2	

Sex: Female

Color or Race: Black

Birthplace: Galena Md

Occupation: —

Where Residing if not at place of death: Galena

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alford Spencer

Father's Birthplace: Kent Co Md

Mother's Maiden Name: Lizzie Anderson

Mother's Birthplace: Kent Co Md

Name of person giving information: Alford Spencer

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis

How long: 4 months

Immediate: Nephritis

How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E Irvin Barnes

Address: Kennedyville Md

Accident or Suicide? —

LIBRARY BUREAU A38816

Name in Full: Luff Spry

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Sassafras — (County): Kent

Date of death: Month: August — Day: 29th — Year: 1904 — Age: Years: 86 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Kent Co Del

Occupation: Retired farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: —

Father's Name: Wm Spry. — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Cynthia " — Mother's Birthplace: " "

Name of person giving information: Sallie Jackson — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Suicide by drowning — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Henry Parr acting Coroner

Address: Galena Md

Suicide

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Charles I. Thompson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Buck neck — County: Kent

Date of death: Month: Aug — Day: 29 — Years: Age 58 — Months: 10 — Days:

Sex: Male — Color or Race: White — Birthplace: Penn

Occupation: Sharp Agent — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Ellen Lecompte

Father's Name: John I. Thompson — Father's Birthplace: Penn

Mother's Maiden Name: Dont Know — Mother's Birthplace: Penn

Name of person giving Information: Mrs Thompson — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Paralysis — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John H. Hessey

Address: Harrisville Kent Co Md

Accident or Suicide?

LIBRARY BUREAU A89516

St. Paul.

John N. Dinsdale

Undertaker.

Name in Full: Philip E. Drew

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Pomona — County: Kent

Date of death: Month: Aug — Day: 2 — 1904

Age: Years: 55 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Kent County

Occupation: Farmer — Where Residing if not at place of death: Quaker Neck

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Thos W. Drew — Father's Birthplace: Kent Co

Mother's Maiden Name: Elizabeth Simmons — Mother's Birthplace: Kent Co

Name of person giving information: Walter S Drew — How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart failure — How long:

Immediate: " — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Walter S. Trego

Address: Pomona Md

Accident or Suicide:

LIBRARY BUREAU A48616

Name in Full: Elizabeth Vanzant

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Piney Neck — County: Kent Co.

Date of death 1904 — Month: Aug. — Day: 12 — Age — Years: — Months: 11 — Days: 4

Sex: Female — Color or Race: White — Birthplace: Kent Co.

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Charles Vanzant — Father's Birthplace: Kent Co

Mother's Maiden Name: Daisy Coleman — Mother's Birthplace: Kent Co.

Name of person giving information: Charles Vanzant — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Summer Catarrh — How long: 3 weeks

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. O. Seell

Address: Rock Hall Kent Co.

Accident or Suicide?

LIBRARY BUREAU ARBELA

Name in Full J. Emory Webb.

Certificate of Death

Died at Millington County Kent MARYLAND

Date 1904 Aug 16 Age Y. 66 M. 11 D. Native of Maryland Occupation Minister

Male ~~Female~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 4

~~Wife~~ Husband of Mr. Mary Frame Webb

Father's Name John H Webb Mother's Name Lilly Hughes

Cause of Death: Primary Acute Nephritis How long sick 2 Weeks

Immediate Collapse ~~Accident, Suicide, Homicide~~

Reported by C P Gorman M.D.

Address Millington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full: Emily White

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Millington — County: Kent

Date of death: Month: Aug — Day: 28 — Year: 1904 — Age: Years: 12 — Months: 10 — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Kent Co

Occupation: Schoolgirl — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John White — Father's Birthplace: Kent Co. Md

Mother's Maiden Name: Mary Lawrence — Mother's Birthplace: Kent Co. Md

Name of person giving In formation: John White — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Endocarditis — How long: One Year

Immediate: asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C P Gorman MD

Address: Millington Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Irene Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Still Pond; County: Kent

Date of death: Month: Aug; Day: 25; Year: 1904

Age: Years: 8; Months: —; Days: —

Sex: Female

Color or Race: Black

Birthplace: Md

Occupation: —

Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Joseph Wilson

Father's Birthplace: Md

Mother's Maiden Name: Bertha Smothers

Mother's Birthplace: Md

Name of person giving Information: James Clark

How related to deceased: Step Father

CAUSES OF DEATH

Primary: Convulsions

How long: 10

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Lewis P. Atwell

Address: Still Pond.

Accident or Suicide? No

LIBRARY BUREAU A80018

Still Pond

Name in Full: Caroline Wright

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: George town — County: Kent

Date of death: 1904 — Month: Aug — Day: 25 — Age: 49 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Kent Co Md

Occupation: Housewife — Where Residing if not at place of death: George town Md

Married, Single or Widowed: Married — Name of Widow or Husband: William H Wright

Father's Name: Frank Ward — Father's Birthplace: Md

Mother's Maiden Name: Annie Read — Mother's Birthplace: Md

Name of person giving Information: William H Wright — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease — How long: 7 Months

Immediate: Ascites & Exhaustion — How long: 2. 4

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. W. Bull M.D.

Address: Rock Hall Md

Accident or Suicide?

LIBRARY BUREAU A3881G

Name in Full: Sarah Wright

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Millington | County: Kent

Date of death: 1904 | Month: Aug | Day: 24 | Age: Years 18 | Months 5 | Days

Sex: Female | Color or Race: Col | Birthplace: Md

Occupation: House work | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: Jas A. Wright

Father's Name: Wm. Thomas | Father's Birthplace: Va

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: Thomas W Wright | How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis, death | How long: 3 mos

Immediate: Exhaustion | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W T Tempers

Address: Elkton Md

Accident or Suicide? No

LIBRARY BUREAU A88010

Name in Full: Adam Wanik

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Crumpton; County: Kent

Date of death 1904: Month: Aug; Day: 29

Age: Years: 4; Months: 9; Days: 13

Sex: Male; Color or Race: White; Birthplace: Baltimore Md

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Alexander Wanik; Father's Birthplace: Russia

Mother's Maiden Name: Francis Williams; Mother's Birthplace: Baltimore Md

Name of person giving information: Francis Williams; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Colitis; How long: 3 weeks

Immediate: Congestion of Brain; How long: 3 days -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. N. Sheppard

Address: Crumpton Md

Accident or Suicide?

LIBRARY BUREAU A89616